

# Cultural Responsiveness and Conscience Protection — Personal Beliefs, Discrimination, and Conscience Protection in the Clinical Setting

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## PREBRIEF

The American Speech-Language-Hearing Association's (ASHA, 2016) *Code of Ethics* reflects what we value as professionals and establishes expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility. It is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. Guidance is provided in several areas, including the avoidance of any form of bias or discrimination in service delivery. This case study highlights the difference between conscience protection, which protects an individual from performing or participating in specific medical services that interfere with a particular religious belief or practice, and discrimination that is based on another's perceived set of beliefs or expression.

## OBJECTIVES

- Understand how ASHA's (2016) *Code of Ethics* guides professional practice in providing appropriate care for all clients who may present the need for therapy.
- Reference the final conscience rule and other antidiscrimination laws (e.g., Title VI) of the U.S. Department of Health and Human Services to better understand the rights of both clinicians and clients.
- Reflect on personal beliefs and professional responsibilities and how they may affect service delivery.

## CASE SCENARIO

Sofia is a first-year graduate clinician completing her first clinical rotation in her university's voice clinic in her second semester of graduate school. The clinic serves members of the university and surrounding communities. The university's hospital also has a center for transgender health that conducts gender-affirmation surgery. One track of the graduate program's voice clinic has a focus to support patients at the center for transgender health. This track is prominently advertised in admission information for the program. Students are informed, after acceptance to the program, that they are expected to participate in a variety of practicum experiences that enhance their coursework. Students are given the

notes:

option to choose specific tracks based on their area of interest. They are also notified that once a track is chosen, it is their responsibility to communicate any scheduling challenges or other applicable considerations that may affect their full participation in the track.

Sofia met with her faculty advisor and shared that she had an interest in voice therapy, specifically learning about intervention strategies for finding each client's target pitch and resonance. Sofia shared that she enjoyed singing in choirs and wanted to possibly use her knowledge of music and speech-language pathology to work with other singers, instructing them on appropriate vocal care habits. Sofia was assigned a client, Dani, who was seeking services to work on vocal feminization and learning ways to keep the voice healthy. During the intake interview, Dani shared that she is a transgender female, assigned male at birth, and uses "she/her/hers" pronouns. Dani stated that her goals in seeking voice treatment were to better align her voice and communication with her gender expression and identity. Sofia completed the initial interview and collaboratively established treatment goals and objectives with Dani. Dani made hour-long appointments for the following 6 weeks, at which point Sofia and Dani would reassess Dani's needs and review progress based on data obtained. According to her clinical educator, Professor Stevens, Sofia's initial meeting included all of the necessary components and focused on the client's needs and goals for therapy, successfully establishing a collaborative therapeutic partnership.

The following week, when Dani arrived for her first therapy appointment, she was notified that Sofia was absent due to illness. Fortunately, another clinician was available, and Dani agreed to have him carry out the treatment plan. Sofia arrived to clinic in the afternoon of the same day, informing Professor Stevens that she felt better. The following week, when Dani attended clinic, she was notified again that Sofia was absent due to illness. Dani was seen by the substitute clinician. Once again Sofia arrived at the clinic for her scheduled clients in the afternoon. This pattern continued for a total of 3 weeks, at which point Dani expressed her desire to continue therapy with the replacement clinician, given there were only three visits left. Professor Stevens, having noticed a pattern in Sofia's absences, scheduled a supervisory conference to discuss the absences.

During their meeting, Professor Stevens notified Sofia that Dani was reassigned to the substitute clinician who took over during her absences from clinic. She also addressed Sofia's absences and expressed curiosity as to why they only occurred for part of the day and in what appeared to be a pattern. Sofia, visibly upset, explained that she holds personal beliefs and faith practices that do not support Dani's gender identity. She concluded by stating that she cannot provide services to Dani, but she wants to continue working in the clinic and learning about voice therapy.

### **CRITICAL THINKING AND DEBRIEFING QUESTIONS**

1. If a student clinician has the clinical skills to provide a service, is it discriminatory for the student clinician to refuse provision of those services to a client?
2. Have you and a client ever had different values or beliefs? Did this affect your work? How did/could you respond to this?
3. In a clinical setting, are clinicians required to treat all clients who come to them, regardless of the clinician's beliefs?
4. Is it possible for Sofia to continue learning about voice therapy—specifically, pitch

and resonance modifications and vocal care and treatment—if she refuses to see a specific population that seeks care within voice clinics?

## COMMENTARY

Speech-language pathologists (SLPs) are professionals who are uniquely prepared to provide services to a wide range of clients who present with various communication needs. As individuals, SLPs have personal beliefs, cultures, backgrounds, and experiences that may differ from their colleagues and from the clients seeking their help. One instance of these differences was illustrated in the scenario. Sofia stated that she had religious beliefs that prevented her from being able to provide services to Dani. Sofia's stance raises a critical question: Should a student-clinician or clinician be required to provide services to a client if the provision of services is in contradiction to one's personal ethics, beliefs, or faith or be supportive of actions that are in contrast with one's personal ethics, beliefs, or faith?

ASHA's (2016) *Code of Ethics* provides guidance in Principles of Ethics I, Rule C, where it states that individuals may not discriminate on the basis of gender or gender identity. This rule also includes a protection against religious discrimination. In this case, the rule protects the client from discrimination based on gender or gender identity.

Current legislation for health care providers allows conscience protections that apply to health care providers who refuse to perform, accommodate, or assist with certain health care services on religious or moral grounds. This legislation may be interpreted in Sofia's case to allow her to refuse to provide gender-affirming voice and communication services. However, these protections may not necessarily be extended to all types of therapeutic interventions when Sofia is working with individuals who are transgender or gender diverse. Refusing all other therapies not directly related to gender-affirming voice and communication services may constitute as discrimination based on gender or gender identity.

Training programs have a responsibility to ensure that students complete their program with the appropriate knowledge and skills in the areas in which they are trained. To complete her program, on the basis of her desires, Sofia would still need to demonstrate mastery of voice competencies. It may be beneficial for Sofia and her supervisors to discuss her personal limits, or boundaries, for providing services and how those work with her clinical requirements for the completion of her program. The conscience protection law applies to health care providers who have conscience or religious objections related to performing, paying for, referring for, providing coverage of, or providing certain services—in this case, gender affirming voice and communication services (U.S. Department of Health and Human Services, 2019). The training program may consider offering Sofia an alternative option of completing clinical observation hours or simulated practice hours, dependent on her level of comfort, to receive appropriate exposure to the specified vocal techniques she will need to demonstrate the appropriate knowledge and skills in this area.

## Expand Your Knowledge

"Conscience protections apply to health care providers who refuse to perform, accommodate, or assist with certain health care services on religious or moral grounds.

Federal statutes protect health care provider conscience rights and prohibit recipients of certain federal funds from discriminating against health care providers who refuse to participate in these services based on moral objections or religious beliefs."

<https://www.hhs.gov/conscience/conscience-protections/index.html#conscience-rights>

Students have the responsibility in their programs and as future professionals to communicate their needs in an appropriate and time-sensitive manner. Programs are encouraged to establish a process outlining how to exercise conscience protection and avoid situations like the one in this scenario. The university would benefit from a process that addresses possible clinical objections before clients are assigned and ensures the confidentiality of students when voicing any objections. Additionally, it may be beneficial to include cultural responsiveness training to the students, supervisors, and others who work at the clinic, focusing on specific groups who receive services, such as gender diverse individuals, to provide basic information to clinicians who will be working in this setting.

### **CRITICAL THINKING AND DEBRIEFING RESPONSES**

- 1. If a student clinician has the clinical skills to provide a service, is it discriminatory for the student clinician to refuse provision of those services to a client?**

Conscience protection states that if performing a medical treatment would go against a personal belief, it is not discriminatory to decline provision of that service. In this scenario, Sofia's beliefs were not in alignment with providing service to masculinize or femininize Dani's voice. Would this change if Sofia were providing vocal hygiene practices only? Although Sofia could have continued working with Dani on vocal hygiene techniques only, it may have been more appropriate to refer Dani to another qualified practitioner to provide both services to Dani in the clinical setting. Protections against discrimination apply to both clients and service providers. If a service provider's beliefs keep them from providing specific services, this must be disclosed to those who schedule and discussed with supervisors so as not to expose the client to undue stress as the result of improper scheduling. To the extent possible, clinicians and supervisors should have these conversations as situations present themselves before meeting with potential clients.

- 2. Have you and a client ever had different values or beliefs? Did this affect your work? How did/could you respond to this?**

Personal response. If you have not faced a situation like this, reflect on what you may do in the future if this were to occur. Do you have full understanding of the protections of the law for both you and the clients you serve? In this example, Sofia's beliefs prevented her from providing gender-affirming voice and communication services. What if her belief system prevented her from working with individuals of the opposite gender alone in a room? Consider how this may affect staffing and exposure to a variety of diagnoses and treatment opportunities.

- 3. In a clinical setting, are clinicians required to treat all clients who come to them, regardless of the clinician's beliefs?**

Although a provider may opt to exercise their conscience protection and refuse to participate in a client's care, this refusal of care should not compromise the client's health. Ultimately, a client should be able to access care without judgment or discrimination. It is imperative that all student clinicians are trained in cultural responsiveness, and it is highly recommended that training programs have a protocol in place if a student clinician wishes to exercise conscience protection.

- 4. Is it possible for Sofia to continue learning about voice therapy—specifically, pitch and resonance modifications and vocal care and treatment—if she refuses to see a specific population that seeks care within voice clinics?**

Sofia is able to exercise her right to conscience protection under the law, but if the significant portion of the practicum involves gender-affirmation services, she may have less opportunity for voice hours or have a smaller voice caseload than her peers. This is something that should be discussed with her supervisors and the department chair in advance of starting her rotations. Additionally, it may be a useful reflective practice for Sofia to consider how her work with voice clients in the future may or may not be affected if her beliefs are not in alignment with some services provided at voice clinics. It is possible it could decrease her pool of clients, or she may choose to focus in another area of voice where this may not have a large impact on her caseload. All of these facts are things that Sofia should consider as she completes her training program. Clinical coordinators for the university program may develop alternative and parallel experiences to ensure that a student who is claiming conscience protection still meets ASHA's knowledge and skills standards.

### TAKE AWAYS

- ASHA's (2016) Code of Ethics and guidelines for cultural competence guide the practice of audiologists and SLPs to provide appropriate services for all people regardless of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- SLPs are uniquely qualified to provide sensitive, skilled care to individuals who are seeking a more authentic voice that matches their gender identity.
- Although SLPs may exercise their right to conscience protection, they must also identify qualified referral sources to provide the needed service to the client seeking that service.
- When faced with an unfamiliar topic or clinical skill, clinicians can take that opportunity to reflect on their initial reactions and possibly seek further training to address possible bias or need for further cultural competence.

### REFERENCES

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### ADDITIONAL RESOURCES

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